

ISSUE LIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | DATE |
|---------------------|----------|------|
| FEE DETERMINATION | | |
| O.I.P.E. CLASSIFIER | | |
| FORMALITY REVIEW | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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